

PREVENTIVE MEDICINE RESIDENCY
Centers for Disease Control and Prevention
Application for 2003-2004

DEVELOPING PUBLIC HEALTH LEADERS

The CDC Preventive Medicine Residency (PMR) is now accepting applications for the class of Residents who will enter July 1, 2003. The PMR is accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a 12-month program meeting the Practicum Year training requirements for certification by the American Board of Preventive Medicine (ABPM) in Public Health and General Preventive Medicine. The PMR is designed to prepare CDC physicians for future leadership roles in public health at federal, state, and local levels.

Residents will develop a broad range of knowledge and skills in the application of epidemiology, statistics, behavioral and social sciences, administration, and management to public health policy and program development. Training activities include didactic and supervised practical experience and will contribute to the professional development of physicians in public health careers.

ELIGIBILITY

To be eligible for admission to the PMR, an applicant must be a US government physician with a current, unrestricted medical license in a United States licensing jurisdiction who will have completed at least 1 year of ACGME accredited postgraduate clinical training involving direct patient care and 2 years of Epidemic Intelligence Service (EIS) or equivalent experience by July 1, 2003.

Physicians not in the Commissioned Corps of the US Public Health Service must have completed the course work leading to an MPH or equivalent degree.

Factors considered in selection of residents include prior education, professional experience, and career interests and potential, as determined through written application, personal interviews, academic performance, publications, and references from supervisors.

CDC/ATSDR veterinarians who have an MPH or equivalent degree but are not eligible to enter the ACGME accredited PMR are encouraged to apply to the Preventive Medicine Fellowship. Use the application form for the residency but exclude any items which are not applicable (i.e., copy of medical license, ECFMG certification).

PROGRAM REQUIREMENTS

Medical Officers in the Commissioned Corps who do not have an MPH or equivalent degree will be sponsored for one year of extramural long term training beginning July 2003 to obtain an MPH outside of the PMR. Entry into the PMR will be deferred until July 2004. Extramural

training results in approximately a 2-year service obligation with the Commissioned Corps following the completion of the PMR.

Each preventive medicine resident/fellow must be willing to relocate for the Practicum Year. Because a broad experience in epidemiology, biostatistics, health administration, environmental health, occupational health, and behavioral science at both federal and local levels is a goal of the PMR, the applicant must change assignment for the Practicum Year.

Specifically:

If the applicant has NOT been assigned to a state or local health department while at CDC, s/he will be assigned to a state or local health department;

And,

If the applicant's CDC experience has been exclusively in a state or local health department assignment, then s/he will be assigned to a CDC headquarters assignment.

PROGRAM ACTIVITIES

- Analyze a public health program
- Develop public health policy
- Participate in a community-based public health intervention
- Write or review a grant
- Train to be a public health leader and manager
- Teach epidemiology in the EIS course
- Participate in PMR seminar activities including distance based learning and multi-day seminars

APPLICATION PROCESS

The application consists of submission of:

1. Application form
2. Curriculum vitae
3. Official transcript of MPH or equivalent course work or of Masters level courses listed on Application for Admission Form if no degree granted (if applicable)
4. EIS Activity Report (EIS officers/graduates only)
5. Two Applicant Evaluation Forms (one must be from your immediate supervisor)
6. Copy of a full and unrestricted license to practice medicine in a US licensing jurisdiction
7. Copy of current ECFMG certificate (if applicable)

The application must be received in the PMR office no later than **September 13, 2002**. In addition, the applicant must arrange interviews with at least three members of the PMR Selection Committee. Applicants who are current EIS officers stationed outside Atlanta will be interviewed **October 11, 2002** during the Prevention Effectiveness course. Others will be interviewed in October or November. Appointments for interviews will be coordinated by Ms. Martha Smith, Program Analyst for the PMR at (404) 639-4305 or by e-mail msmith@cdc.gov. Applicants will be notified regarding acceptance by the end of December 2002.

ADDITIONAL INFORMATION

For further information regarding the CDC Preventive Medicine Residency program, please contact the PMR Program Office:

Gail Stennies, MD, MPH
Director, Preventive Medicine Residency Program, MS D-18
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333
Phone: 404-639-3187
FAX: 404-639-4904
e-Mail: gstennies@cdc.gov

Public Law 93-579 entitled the Privacy Act of 1974 requires that individuals asked to furnish information such as that requested in the attached application be informed of the purpose for collecting such information and what the information will generally be used for. The following information is accordingly provided:

AUTHORITY: The Centers for Disease Control and Prevention, an agency of the Department of Health and Human Services, is authorized to solicit the information requested in the attached application under provisions of the Public Health Service Act, Section 203, 207 (42 U.S.C. 204 and 209).

PURPOSE: The information requested is considered relevant and necessary to the selection process for the Preventive Medicine Residency program.

USES: The information requested will be shared with the Division of Training, Epidemiology Program Office, and the Preventive Medicine Residency (PMR) Advisory Committee and will constitute the basic record of your general qualifications for the PMR program.

EFFECTS OF NON-DISCLOSURE: Your disclosure of the requested information is voluntary, and no penalty will be imposed, if you choose not to respond. However, failure to provide the requested information may hinder consideration of your application.

Application For Admission

Preventive Medicine Residency, MS D-18
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

DATE:

NAME:

CURRENT CDC ASSIGNMENT:

TELEPHONE NUMBER/EXTENSION:

E-MAIL ADDRESS:

- I. Attach a copy of your current CV. Be sure to include your social security number, business and/or home address, e-mail address, all prior graduate medical education, prior training in public health/preventive medicine and a list of medical licenses you hold and the dates obtained.
- II. Please arrange to have an official transcript of MPH or equivalent work or a transcript of courses taken in the areas mentioned below sent to this office by the issuing institution, if applicable.
- III. If you are/were an EIS officer, attach a copy of your most recent activity report.
- IV. Attach copies of all current, unrestricted medical licenses from a U.S. licensing jurisdiction.
- V. If you are a graduate of a medical school outside the U.S. or Canada, please attach a copy of your ECFMG certification.
- VI. Public Health Activities (include only those NOT on current CV or EIS activity report):

List activities and professional experience in the categories below. Attach separate sheets if necessary:

1. Surveillance and Investigations

2. Publications and Presentations

3. Policy Development (including experience in developing official recommendations, guidelines, rules and regulations and statutes, working with elected officials).

4. Community-based Intervention (including priority setting & planning, informing/educating health workers and/or the public, developing intervention programs, mobilizing community constituents, enforcing public health regulations, evaluating programs)

5. Other Public Health Practice

VI. Academic Phase

A. Do you have an MPH (circle one)? Yes No

B. If you do not have an MPH, have you taken at least one Masters Level course in epidemiology, health services administration and management, biostatistics, environmental health, and behavioral science? Yes No

Please arrange to have an official transcript of MPH or equivalent work or a transcript of courses taken in the areas mentioned above sent to this office by the issuing institution, if applicable.

VII. On a separate sheet, describe your professional goals and how the Preventive Medicine Residency will contribute to achieving these goals.

VIII. List below the name and phone number of three peer references who have worked with you professionally in a public health setting, but not in a supervisory capacity.

Name Phone Number

1. _____

2. _____
3. _____

IX. Two Applicant Evaluation Forms (attached) must follow this application. One must be from immediate supervisor. Officers currently in state assignments must submit evaluation forms from both local and CDC supervisors.

X. Assignments of Interest (Optional): Please list headquarters or state assignments, as appropriate, which are of interest to you and explain.

Submitted by: (signature)

Date

Applicant Evaluation Form
Preventive Medicine Residency
Centers for Disease Control and Prevention
1600 Clifton Road, MS D-18, Atlanta, GA 30333

To The Applicant: After supplying the information indicated below, give this form to your immediate supervisor and one other person familiar with your work in public health.

APPLICANT'S LAST NAME

FIRST

MIDDLE

Under the provision of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Please check one of the following statements and sign as indicated.

- ☐ I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights Act of 1974, or any other law, regulation, or policy.
- ☐ I do not agree to the waiver above.

SIGNATURE (APPLICANT)

DATE

To The Evaluator: The above named individual is applying for admission to the Preventive Medicine Residency at CDC. The training demands are considerable, and motivation for a public health career is important. Your candid evaluation of the applicant will greatly assist our committee in its efforts to select the appropriate residents.

AFTER COMPLETING THIS FORM, PLEASE RETURN IT TO THE PREVENTIVE MEDICINE RESIDENCY AT THE ADDRESS ABOVE.

NAME (EVALUATOR)

TITLE

OCCUPATION

TELEPHONE #

ORGANIZATION

ADDRESS

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, supervisor)?

3. Does the applicant have any special talents, abilities, or attributes that deserve mention?

4. Does the applicant have any particular weakness that deserves mention?

5. Compared to other CDC physicians you have known, please indicate your evaluation of the applicant in the categories listed at the left by a mark in the appropriate column.

Referent group: _____

Categories Observed	Superior Top 2 %	Excellent Top 10%	Above- Average Top 25%	Average 25-75%	Below Average Bottom 25%	Not Observed
Intellectual ability						
Career commitment to public health						
Interest in specialty of Preventive Medicine						
Ability to complete work on time						
Initiative and motivation						
Ability to work independently without close supervision						
Ability to work with others						
Leadership potential						
Emotional maturity						
Desire for board certification in Preventive Medicine						

This image shows a blank sheet of white paper with ten sets of horizontal ruling lines. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The lines are evenly spaced across the page.

☐ Recommend **very strongly** that he/she be admitted to PMR

☐ Recommend **strongly** that he/she be admitted to PMR

☐ Recommend that he/she be admitted to PMR

☐ Recommend **with reservation** that he/she be admitted to PMR

☐ **Do not** recommend that he/she be admitted to PMR

Signature: _____ Date: _____

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Centers for Disease Control and Prevention
1600 Clifton Road, MS D-18, Atlanta, GA 30333

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Desire for board certification in Preventive Medicine						

[illegible]

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☐ **Do not** recommend that he/she be admitted to PMR

Signature: _____ Date: _____